

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Division of Medicaid & Children's Health Operations  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



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June 29, 2010

Dr. Robert L. Robinson, Executive Director  
Division of Medicaid  
550 High Street  
Walter Sillers Building, Suite 1000  
Jackson, MS 39201

RE: Mississippi Title XIX State Plan Amendment, Transmittal #10-019

Dear Dr. Robinson:

We have reviewed the proposed amendment to the Mississippi Medicaid State Plan that was submitted under transmittal number 10-019 and received in the Regional Office on March 31, 2010. This amendment establishes a new reimbursement rate by removing the 5% rate reduction language currently in place and implemented by MS State Legislature in 2002. The services as described on 4.19B pages 4c and 5 as approved with this state plan will be reimbursed at 90% of the current Medicare fee schedule.

Based on the information provided, we are pleased to inform you that Mississippi Medicaid State Plan Amendment 10-019 was approved on June 28, 2010. The effective date of this amendment is January 1, 2010. We are enclosing the approved form HCFA-179 and plan page.

If you have any questions or need any further assistance, please contact Yvette Moore at (404) 562-7327.

Sincerely,

/s/

Jackie Glaze  
Associate Regional Administrator

Enclosures